

ATTACHMENT B

Sediment Sampling Checklist

SEDIMENT SAMPLING CHECKLIST

Project Name/Number _____ **Date** _____

Location _____

Prepared By _____ **Project Manager** _____

This checklist will be completed for sediment sampling. It documents that the required, permits, notifications, procedures and equipment are in place prior to commencing sampling activities. The Project Manager shall identify the need for and arrange to obtain sampling permits, clearance or right-of-way access from the appropriate entity during project planning.

Procedure

Prior to work on a navigable waterway or activity that requires access the following items will be completed:

Activity:	Required for project:		Completed:		Comments:
Access rights to property	YES	NO	YES	NO	
Utility check conducted	YES	NO	YES	NO	
Activity planned that impedes traffic on navigable waterway	YES	NO	YES	NO	
Notification and approval obtained from United States Coast Guard and/or other regulating authority (County, US Parks Service, USEPA)	YES	NO	YES	NO	
Buoys, signs markings or other forms of notification present	YES	NO	YES	NO	
Other (Specify)					

Boating/Water Safety Checklist:

Activity:	Required for project:		Requirement:	Comments:
Working on over or near water (within 6 feet)	YES	NO	PFD Available for all personnel	
Boat has current registration, has been inspected and loaded safely	YES	NO	Capacity, load distribution PFDs and throwable floatation device available Fire extinguisher on board	
Boat operator has appropriate training (USCG Boating Safety Course or equivalent)	YES	NO		
Sampling on or near water below 50°F	YES	NO	Cold water immersion suit for affected personnel	
Method of communication available	YES	NO	Radio, cell phone or scheduled check-in	

Client Representative _____ Date _____

Project Manager _____ Date _____

Site Supervisor _____ Date _____